

SCOTTISH PALESTINIAN HEALTH FACULTY



NEWSLETTER NO 2

Welcome to the second newsletter of the Scottish Palestinian Health Faculty, continuing to share experience and views between Scottish and Palestinian health professionals.

Lots of things are on hold, but not the course of the Covid pandemic. Gaza was much less affected than the West Bank for a while but is catching up fast (p 30). What can we do? When asked this question, all I can suggest is donating to MAP (<https://www.map.org.uk>), as a direct way of helping to procure and deliver medical equipment for Gaza.

At Palestinian meetings in the UK almost everyone has a story to tell. In this edition of the newsletter there are four personal stories of Scottish doctors working with Palestinian colleagues from a distance (pp 9-22). As advocacy is not just what you say but also what you do, these efforts add up to an impressive display of solidarity.

Ihab Saleh, originally a student from Gaza, describes his experience in Scotland and reminds us of the role that UK citizens can play in righting the wrongs of our forebears (p 8).

There are also updates from MAP (p 30) and PalMed (p 33). Hussein Jabareen describes the introduction of distance learning at the University of Hebron (p 23).

I'm very pleased to report that the Scottish Palestinian Forum has agreed to put the SPHF newsletter on their website at <http://scottishpalestinianforum.org.uk/>.

The weblink for the first newsletter, with 26 pages of good stuff, is https://uploads-ssl.webflow.com/53fee53f8aaca6ca0e165e1f/5fa59bfd40a1a9af757723f8_SPHF%20NEWSLETTER%201.pdf

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RUNA MACKAY (1921-2020)



A great many people were sad to learn of the death of Runa Mackay on 31st May 2020.

Only a few weeks previously, Runa's life and work were the subject of the main article in the first edition of this newsletter. Runa herself approved the text. Aged 98, she was my oldest email correspondent by many years.

In 2006 I stepped into Runa's shoes as the Scottish Trustee of Medical Aid for Palestinians (MAP). She was 4 feet 11 inches tall. Even though I was 6 feet 2 inches, they were big shoes, and this was nowhere more evident than the annual fundraisers at Holy Corner in Edinburgh where her full reach and soft power were quietly on display (p 4).

I mentioned this at a Scottish parliament reception, where Runa was receiving MAP's lifetime achievement award, saying how remarkable it was for someone to be so active at the age of 93. Runa took me aside later, pointing out that she was "only 92".

The newsletter article provided background information for obituaries which appeared in the British Medical Journal and the Scotsman, Herald and Guardian newspapers, with personal touches added by her friend Dr Lesley Morrison. As these obituaries are all behind pay walls, the text of the BMJ obituary is reproduced below (p 5).

In due course, when it is possible to meet in company again, MAP will hold an event to celebrate and continue Runa's commitment to the Palestinian cause.

Graham Watt, Scottish Trustee, Medical Aid for Palestinians

One of many fundraising days organised by Runa Mackay and colleagues



**Annual Fundraising Day for
SCOTTISH MEDICAL AID
FOR PALESTINIANS**



**Saturday 26th October, 2019
10am till 2pm**
at
Christ Church Hall
Morningside Road (Holy Corner)
Edinburgh EH10 4DD

**Guest Speaker at 12 noon
Dr Andy Ferguson**
Director of programmes for Medical Aid for
Palestinians

Come and enjoy

- ✦ Palestinian Food
- ✦ Palestinian Embroidery and Crafts stalls
- ✦ Arabic Coffee
- ✦ Tea/Coffee and Home Baking
- ✦ Books and Plants

(donations for stalls and auction will be most welcome)

DR RUNA MACKAY

Last Position Held	Consultant Paediatrician, Medical Aid for Palestinians
Year of Birth	1921
Place/Year of Qualification	MChB 1944, Edinburgh; MD 1954, Edinburgh
Postgraduate Qualifications	FRCPE
Date and Cause of Death	31 st May 2020, Ischaemic and valvular heart disease

Runa Mackay, after childhood in Hull where her father was an ophthalmologist, graduated in medicine from the University of Edinburgh in 1944. Some of her earliest clinical experiences as a medical student were in the last few years before the introduction of the NHS at the Livingstone Dispensary for Edinburgh's poor, run by the Edinburgh Medical Missionary Society (EMMS) in the city's Cowgate.

In 1954, while coming to the end of a period as professorial medical registrar at the Manchester Children's Hospital, she received a letter from a doctor at the EMMS hospital in Nazareth, asking if anyone could do a locum for him while he took 6 months' leave. Being free at the time, Runa offered her services, as a paediatrician rather than as a missionary. Originally planning to stay for six months, she stayed 30 years, finding that "work in Nazareth could become my life's work". She returned to Edinburgh for a year in 1957, realizing that, with 3000 births per year, she needed to supplement her training with obstetrics.

Although Nazareth was, and is, in the new State of Israel, 99% of the patients and the local staff were Palestinian Arabs, so that "one absorbed the history, the culture and the ethos of Palestine, day-by-day." In those days, 70% of the local population was Christian and 30% Muslim. As a trusted woman doctor she was able to treat patients who would otherwise have gone without medical care. After 20 years in Palestinian hospitals, she decided that she wanted to work in the community and helped to set up the Galilee Society of Health, Research and Service. She also worked for the Israeli Ministry of Health because she felt she would have more power to improve conditions for the Palestinians in the villages surrounding Nazareth.

After retirement in 1985 and returning to Edinburgh, Runa went back to Edinburgh University for an honours degree in Arabic and Islamic Studies, graduating in 1990 with a dissertation on "Rhazes the 10th century physician and father of paediatrics", probably the greatest and most original of all Islamic physicians.

During the long university vacations, she was able to start working for Medical Aid for Palestinians, (MAP) and in 1987 she joined Dr Swee Ang Chai, an orthopaedic surgeon

from Singapore, and Susan Wighton, a Scottish nurse, for work in refugee camps in Lebanon, especially Qasmiyeh camp, just north of the ancient city of Tyre.

In September 1990 she went at MAP's invitation on an assignment as a "sort of consultant paediatrician" (one month in three) to a small children's hospital in Hebron. Then in 1992 she returned to Qasmiyeh camp working for two years as part of MAP's Lebanese programme.

After active medical practice, Runa became a Trustee of Medical Aid for Palestinians, attending quarterly board meetings in London and regularly visiting Lebanon and the Occupied Palestinian Territory. She also began a series of annual fundraisers for MAP at Holy Corner in Edinburgh, usually on a Saturday in November, calling on her network of contacts and regularly raising over £5000 in a morning. She only stepped down from organising this event in her mid-90s.

In 2014, MAP gave Runa Mackay its lifetime achievement award, recognising almost 60 years of service to the Palestinian people. She has now been immortalised in the 'Travelling the Distance' installation at the Scottish Parliament, which celebrates great women of Scotland, past and present.

She was a committed member of the Iona Community, a regular participant in the Women in Black vigil in Princes Street, Edinburgh, drawing attention to the suffering of the Palestinian people, and a tireless campaigner, well into her tenth decade, against Trident and for peace and justice. She had a worldwide network of friends and an authenticity of purpose, grace and dignity which set an example to thousands. Her lightness and integrity were infectious and inspirational.

Her book "Exile in Israel" was published in 1995 by the Iona Community and is still available from on-line sources. Describing, commenting and reflecting on 40 years living and working as a doctor in Palestinian communities in Israel, Lebanon and the West Bank, it is not only a clinical but also a historical, political and cultural memoir – an expert guide by someone who was there.

Runa enjoyed quoting the poet, Rumi :

"Beyond right and wrong, there is a field. I will meet you there."

Graham Watt, Lesley Morrison



NEWS

LPHA Webinar on Covid in Palestine

The Lancet Palestinian Health Alliance (LPHA) held a webinar on 4th November 2020 on the topic :-

The COVID-19 Pandemic: From global, local Palestinian and regional perspectives

There were 5 speakers, followed by a Q&A session.

- Dr Richard Horton, Editor-in-Chief of the Lancet, provided an *“Overview of the Covid pandemic”*.
- Dr Mai Alkail, Palestinian Minister of Health for the oPt, spoke on *“Policies implemented by the Palestinian Ministry of Health to address the pandemic in Palestine, and the challenges the Ministry is facing in their implementation and other constraints”*
- Professor Abdullatif Hussein, Director of the Institute of Community and Public Health at Birzeit University spoke on *“The epidemiology of Covid in Palestine”*.
- Professor Nihaya Daoud, Founder and Director, Public Health Associations for the Arab Society, the Galilee, spoke on *“The pandemic among Palestinians inside the Green Line”*
- Dr. Gerald Rockenschaub, Head of the World Health Organization Office for the oPt, spoke on *“Overview of the impact of the COVID-19 pandemic on countries in the Eastern Mediterranean Region, and evolving local trends and challenges”*.

A recording of the webinar can be accessed via the following YouTube and Facebook links.

<https://www.youtube.com/watch?v=c614ZkDR0tU&t=3297s>

<https://fb.watch/1GN8xsXmGG/>

Re-scheduled Palestinian History Tapestry Exhibition

The PHT will be shown in Edinburgh from 6-16th October 2021 at St Columba's by the Castle. We will release details of the venue when we have sorted out some other events that we hope will happen in that 10 day period, but not necessarily at the same venue.

Colin Cooper

A PALESTINIAN STUDENT IN SCOTLAND

Ihab Saleh

My name is ihab, an insignificant individual with a lowercase initial, trying to explore the purpose of his existence.

I landed in Glasgow in mid-September 2019 with a mind clear of any expectations. I was eager to try new experiences and engage with new cultures. The social interactions were always enriching, starting on the first day of my arrival when Glaswegians helped me get to my residence with their welcoming gestures and smiley faces. University life was welcoming and empowering, enabling a productive learning environment at all times.

During this year, I studied for the Global Health MSc at the University of Glasgow. It was an intimidating experience at first as I am a doctor coming from a natural science background and have little experience in the social and political sciences. I got really interested in the process of health intervention design and planning, which the Gaza health system is lacking. My classmates in Global Health were diverse and supportive and we had amazing discussions that made me explore my interest in masculine behaviour studies and adopt it as my dissertation field and hopefully my future research field.

My friends call me octopus as I always seek to expand my network. This year I signed up and attended every conference, meeting, lecture that I could squeeze into my schedule. I realised that 24 hours per day is too little. I got a new job as a medical education fellow at the Central Scotland Training Centre, working as a resuscitation instructor and clinical course management assistant. I feel that this opportunity will equip me with clinical training tools that I can transfer back to Palestine. My studies and work have exposed me to the vastness of the UK health system and opportunities. I started scribbling on a notebook about what could be improved back home in Palestine. I know that it sounds ridiculous to assume that I can change it all but this is how change starts. I start by imagining the end results and work back to the required steps. Hopefully I can help with implementing some of these ideas.

I lived in Gaza for 26 years. The major shock to me in Scotland was not the culture or social life. It was the freedom of movement. During the first months, I would wake up at 5 am, head to the train station, go to Edinburgh, get some coffee and come back to Glasgow. I could not believe that I could do that. During Christmas, I was in London with a friend. We just sat at the side of Oxford Street trying to contemplate the idea that no magical force field prevented us from going out from Gaza. It was the occupation border as a continuation of the imperial dominance. Lockdown was hard for everyone but it felt dark sometimes as I live alone in a private residence with no flatmates or people to socialise with. I had a lot of time for self-reflection and crazy ideas. Everyone was complaining about their inability to move around the

country. I know it is hard and different from the siege on Gaza but it falls under the same category "Freedom of Movement".

During the first months, I would wake up at 5 am, head to the train station, go to Edinburgh, get some coffee and come back to Glasgow. I could not believe that I could do that.

I always thought about how the UK is working around the idea of Globalisation of Health Goals via supporting struggling health systems in the world. I felt that it is even more specific when talking about Palestine. MPs and officials talk about helping Palestine from a standpoint of charity and helping the unfortunate. I always struggled with this idea.

It is true that current UK citizens did not invade Palestine and hand it the Zionist movement. It was their ancestors. Current UK citizens and MPs are not to be blamed for that, but they hold the same power that enforced such a grievous catastrophe. It is weird to say it out loud, but why hide the truth. UK citizens hold the power to fix some of what their inherited power has damaged. It is not a charity. It is a humble attempt to redeem an ongoing crime.

I would not want to end such a dark idea but as I am here in Glasgow, my heart lies in Palestine.

It was a tough year, but the best so far.

Ihab Saleh

MY TRIP TO PALESTINE

Abdulla Alhasso

For me, it all started in early 2018 when I received an invitation from my friend and colleague Dr Philippa Whitford to join the efforts in supporting the health care system in Palestine alongside a group of colleagues from across Scotland. I thought this was a great opportunity to help those in difficult circumstances not only from a medical point of view, but a humanitarian one also.

I have worked in the cancer field for more than 20 years and have a special interest in both breast and prostate cancers. A long time ago, I was questioned as to why I had chosen this specialty because in those days, treatment options were limited and many patients had a short life expectancy. I had a different take on this. I have always wanted to ensure that I

can help individuals suffering from cancer to the best of my ability. I have always wanted to push myself in this matter.

Combining all of this together with the presence of an excellent organisation, Medical Aid for the Palestinians (MAP), it could not have been a better opportunity for me to be involved as part of the team.

Breast cancer care and management were the first tasks I got involved in. It was the logical step to take and the appropriate medical problem to address. Breast cancer is a very common problem worldwide. There are other important points to highlight in relation to breast cancer. It is a potentially preventable problem as it can be diagnosed early and relatively easily and the treatment options can be delivered in an environment that is politically and economically challenging.

My first visit to Palestine was in September 2018. The plan was for me to join other colleagues to go to Gaza to evaluate the oncology services there and set up links with the local team. However, I was denied access to Gaza for no obvious reason. Based on that we needed to quickly change our plan and instead I visited the Augusta Victoria hospital in the West Bank.

This was an amazing experience as I met with wonderful colleagues who were working in extremely challenging circumstances with very limited resources but who were very enthusiastic to learn and keen to move forward. We managed to review the radiotherapy services there and address some important practical issues that helped them cope with workload and improved on capacity.



Zoom video link for the weekly Gaza Breast MDT

Soon after the first trip, we managed to set up a multidisciplinary team (MDT) meeting to discuss all new breast cancer patients before and after surgery which was a major step forward. It has been almost 2 years since this MDT was established and we can all see the big impact it has already made on the quality of care. This has been achieved through the

use of simple but effective and powerful technology. The MDT takes place via Zoom videoconferencing every Tuesday at 7 am UK time, 9 am Gaza time.

It became clear that we also needed to focus on continuous professional development. Due to the continuing blockade and travel restriction, healthcare professionals as well as patients have undoubtedly been very badly affected.

Together, with my friends and colleagues Gerry O'Hare and Matt Fowler alongside an excellent local team in Gaza, we had a very successful event the following year. In November 2019 we were part of the first oncology scientific event in Gaza that was truly multidisciplinary bringing all those involved in cancer care together and addressing practical issues, which highlighted the fundamental aspects of cancer management in general.



The other aspect of my involvement was in relation to improving the healthcare service by focusing on undergraduate medical education. One of the major issues identified in Gaza was the lack of awareness about oncology among junior doctors and medical students. We felt it was crucial to introduce the basic concepts of Oncology to medical students if we want to have a long term healthcare strategy for cancer care. Working with other colleagues (Dr Jayaram Mohanamurali and Dr Shaista Meraj) and with brilliant support from MAP again,

we established links with the medical school in Gaza and agreed to introduce a summer oncology module for 4th year medical students focusing on the principles of radiation oncology, chemotherapy and oncological emergencies.

This was a very interactive virtual session that ran weekly from 12 07 20 – 30 08 20 on Sundays from 9 am – 12 pm UK time. Each week we had 30 students joining and each module ran over 2 weeks with around 120 students taking part in total.

The feedback was extremely positive. We intend to continue these modules annually to support medical students and introduce oncology to them as early as possible, which also helps to provide a brighter future for oncology services in Palestine.

In summary, the multidimensional approach to support the healthcare needs for the people of Palestine, and Gaza in particular, has been an amazing and very rewarding experience. Focusing on the clinical, service and educational needs will help to address immediate, short term and long term health challenges during these difficult times.



The first oncology scientific meeting in Gaza

**GAZA:
REFLECTIONS ON PALLIATIVE CARE PARTNERSHIPS ‘HUMANITY UNTIL INFINITY’**

Mhoira Leng



For the past 6 years I have had the immense privilege of travelling to Gaza with different UK colleagues to support the development of palliative care. This link came about through an introduction from Dr Colin Cooper to Dr Khamis Elessi and we have included Cairdeas International Palliative Care Trust, the Global Health Academy at the University of Edinburgh and the Palestinian Children’s Relief Fund in a growing partnership led by the Islamic University of Gaza. We have worked with a wide group of stakeholders including the WHO, Ministry of Health, teaching hospitals, UNRWA, MAP and the academic sector to map the current provision of palliative care and initiate a Gaza Palliative Care Steering Group to set priorities and agree the way forward.



We have received incredible hospitality, enjoying local food and making close friendships that are based on mutual understanding and respect. If you have not tasted Palestinian maqlooba in a Gazan home you are really missing something special.

Palliative care is a philosophy of care that offers an holistic, team approach to support people living with chronic illness who are experiencing severe health-related suffering. It cuts across different diseases, covers the whole age spectrum and is particularly relevant in Gaza given the rising numbers of NCDs and the challenges for mental health. A letter we wrote after the last LPHA conference and published in the Lancet (1) helps to illustrate the place of palliative care in humanitarian settings such as Gaza.

'Suffering in illness and dying reminds us of the universal truth of our mortality and humanity. Palliative care is rooted in the recognition of our common suffering in illness and dying, our compassionate response to suffering, and our shared humanity. Fundamentally, palliative care seeks to ease suffering and uphold dignity.'

Let me illustrate this from people we have met. There is Mohammed who is 32 years old, has advanced liver cancer but thought his jaundice was due to complications from shrapnel injury to the liver, in an explosion which saw his best friend die. He is not allowed to travel outside Gaza for treatment and his greatest joy is his young son.

Or Fatima, a woman in her fifties with recurrent breast cancer who was not able to complete her oncology treatment due to restrictions accessing radiotherapy. She now has pain, swelling in her arm and is very concerned about her children. She also breaks down and talks about her body image and the strain on her relationship with her husband.

Then we have young Ahmed, who is a bright 10 years old and has been outside Gaza for treatment for his leukaemia. The disease has recurred and he is asking penetrating questions about what happens next.

Lastly we meet Mariam who has ischaemic heart disease, cardiac failure and now advanced cancer of the colon and is surrounded by her family. She speaks of her faith in God and pride in her family. She wants to be with them at home as much as possible yet there are no community services to support her end-of-life care.

There have been and are so many barriers to developments in Gaza; not least the conditions of the siege and how this affects daily life and access to health care. Medicines access is also affected with an irregular supply of oral morphine severely limiting the options for managing cancer pain. Despite these barriers developments have continued with now widespread awareness and understanding of the need for palliative care and a growing grassroots movement to see change.



This was very clear at the first Pain and Palliative care conference hosted by the Islamic University of Gaza in 2019 which included over 500 delegates with a stand-alone stream on spirituality attended by spiritual leaders, Imams and Sharia Law experts. The qualities of kindness and dignity were affirmed and practical ways to develop palliative care including new clinical services and research identified. 2 hospitals, Al Rantisi and the European Gaza Hospital, now have palliative care units and training support can be accessed at the King Hussein Cancer Centre in Jordan.



Team at Al Rantisi

However, the greatest achievement has been the integration of a palliative care course within the 3rd year of the undergraduate medical school curriculum at the Islamic University of Gaza. A first for Palestine, this allows us to explore domains such as effective communication, holistic assessment, pain and symptom control, and managing loss using a blended learning approach.

Classroom sessions, case scenarios and clinical rounds are supported by on-line resources and flipped classrooms. Working with such an impressive values-based curriculum led by the Dean, Dr Fadel Naim, and the Undergraduate Dean, Dr Anwar Alsheikhhalil, with the palliative care lead Dr Khamis Elessi, it has been amazing to see the values-based learning achieved by these bright, committed, compassionate young people. We managed to deliver this course with Faculty from 4 continents using the zoom platform this year despite the challenges of COVID19.

Let me quote the student feedback.... *'palliative care is 'humanity until infinity', 'it helps us feel the suffering of our patient and know how to help them, communication is key', 'spiritual aspect is also important', 'think holistically', 'no for dying in pain' , 'never forget the smile', 'take care of yourself'. They identify with palliative care values such as #love #compassion # hope #mercy #honesty #justice #humanity #joy #dignity #respect #empathy #listening #trust #kindness...and to have one student say 'we will be as you think of us'.*



2020 online course

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1. Coughlan R, Leng M, Elessi K et al Lancet letter; Vol394 Oct 2019
Role for palliative care in advancing health in conflict settings
[https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(19\)31826-4.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(19)31826-4.pdf)



STRENGTHENING APPLIED PSYCHOLOGY TRAINING AND PRACTICE IN PALESTINE IN A TIME OF COVID19

Caesar Hakim and Hamish J. McLeod

The Applied Psychology in Palestine (APiP) initiative is a joint venture between the Guidance and Training Centre (GTC) in Bethlehem and a range of Scottish partners from across health, education and university sectors. The vision of this collaboration is to strengthen the applied psychology workforce in Palestine through improved training and research work led by local leaders and shaped by local needs. The need for well-trained applied psychology practitioners continues to grow as Palestinians continue to face “multiple pandemics” colonialism and Covid-19 and more. All of which results in a challenging context with high levels of risk factors affecting people’s mental health and wellbeing. To be able to help local practitioners dealing with the complexity of the context, the APiP partnership developed a training program from Palestinian cultural understandings, local perspectives and language sensitivities from the beginning to the end of the development, evaluation and implementation of the training program.



The COVID19 pandemic has worsened an already highly challenging context and the economic and psychosocial impacts of the disease and mitigation actions are likely to have long term effects.

Against this backdrop of high levels of need, the APiP group of collaborators have been working to launch the one-year internship training from September 2020 despite the challenges brought by Covid-19. We are delighted that the programme is underway with six new interns joining the GTC staff team in September and commencing their lectures and applied practice from October 2020. Interest in the programme was very high with 35 applicants who were all recent graduates from bachelor programmes across the West Bank.



The intake process involved evaluation of written applications, assessment of English language proficiency, interviews and an evaluation of academic aptitude. The course is now underway with coursework delivered online, face to face individual and group supervision, and applied practice in the GTC outpatient clinic and in schools (depending on Covid-19 restrictions). The course content is organised around four modules addressing key applied skills (e.g. assessment, diagnosis, and treatment), research skills (e.g. research design, understanding qualitative and quantitative data) and cross-cutting skills (e.g. ethical reasoning, professional identity, team working).

The ongoing support of several funders including MAP, Waldesian Church, Misereor, and NHSGGC Endowment fund is acknowledged and greatly appreciated.

ACADEMIC ACTIVITIES

Graham Watt

My Palestinian story began in Mexico in 1998 at a Pugwash conference. The name had nothing to do with the children's cartoon but was based on a place called Pugwash in Nova Scotia, where scientists and people from Governments and the military first met in 1957 to begin a series of annual conferences seeking "to make the world free of nuclear weapons and other weapons of mass destruction." The theme of the Mexico conference was "The Long Roads to Peace". I was standing in for a colleague who could not go, based on an article I wrote for the BMJ entitled "All together now".

It was not an inspiring conference, being too ethereal for my liking, but a chance meeting with a similarly disaffected participant, Professor Rita Giacaman, a public health academic, researcher, activist and director of the Institute of Community and Public Health (ICPH) at Birzeit University, led to an invitation to teach on their Master of Public Health course. Without post-doctoral teachers of their own, they depended on international help.

I went with an open mind but quickly saw the realities of military occupation and strangled economic development. Visits to Jerusalem, Hebron and the Jericho Valley amplified the picture. The academic staff at Birzeit were inspirational, with jobs similar to mine at Glasgow University, but carried out under extraordinary conditions. I was exhilarated by the teaching, Palestinian students being hungry for learning and determined that their education would not be thwarted or cut short by the occupation. I went several times. Two students from the MPH course came to do PhDs in Glasgow – Niveen Abu-remeileh, now an epidemiologist at the ICPH and Hussein Jabareen, now Dean of Nursing at Hebron University.



Hussein, Niveen Aburmeileh and Graham Watt at the 9th LPHA conference, held at Birzeit University in 2018

MAP knew of my activities and when Runa Mackay stepped down as Scottish trustee I took her place, attending quarterly Board meetings in London and visiting MAP-funded projects in the West Bank, Lebanon and Gaza. Then, as now, it was a thrill to be part of an organisation active in these three areas and able to spend donor's money quickly where and when it was needed, most notably in Gaza when it was under attack. As MC for half a dozen of MAP's fundraising dinners in London, it was interesting to meet lots of well-known politicians, journalists, comedians and celebrities - the highlight being a compliment said to me by the Channel 4 anchor Jon Snow – I swear he said, "Nice tie".

In 2007, it was a privilege to be part of a group of 12, sitting round an outdoor restaurant table in Ramallah, planning a series of articles for The Lancet on Health in the Occupied Palestinian Territory, the second in the Journal's series on health systems in different countries. Two years later, the series of 5 papers was published, with 37 co-authors of whom 19 were Palestinian. <https://www.thelancet.com/series/health-in-the-occupied-palestinian-territory>

To keep the momentum of that collaboration, the Lancet Palestinian Health Alliance was born. The LPHA has five stated aims : to present and publish research findings; advocacy based on science; developing scientific methods that are culture-specific; building capacity for research; and increasing collaboration within the occupied Palestinian territory, Lebanon and across the region.



Cutting the LPHA's 10th birthday cake in Amman 2019

Having scoured and exhausted the literature for the Lancet series, we weren't sure how long it would take to generate new research. We thought a two year interval would be needed but in the event LPHA conferences have been held every year, rotating between Ramallah, Beirut, Amman and, on one occasion, Cairo. The 11th conference, in 2020, was postponed due to Covid but is planned to take place as a series of on-line events early in 2021. It has been a privilege and a pleasure to chair the LPHA steering group and to be part of a small executive group managing preparations and publications between conferences. www.icph.birzeit.edu/lpha.

In my view the most significant achievement of the LPHA has been the creation and support of a vibrant research community. Of the 718 abstracts accepted for oral or poster presentation, a third of first authors were under 30 and 50% were women.

In 2015 I stepped down as a MAP Trustee after the maximum of three 3 year terms but, after a two year interval, re-joined the Board as MAP's Scottish Trustee (replacing Pauline McNeill on her election to the Scottish parliament). I am now the longest serving member of the Board. The progress of the charity over the last 16 years has been hugely impressive, increasing its funding, size, expertise, impact and reach.



As MAP's Scottish Trustee I have spoken at many events in Scotland, but the highlight was in 2017, receiving MAP's 50% share of a cheque for £176,000 outside Celtic Park in Glasgow from the Green Brigade, a very active, progressive and vociferous supporter's group. They had raised the money by crowd-funding following Celtic's match against a visiting Israel side. Although I was not there to hear it, I'm told that one of their songs during the next home match was "There's only one Graham Watt". Pictures of their display of Palestine flags behind the Israeli goal went round the world. Some months later, in the tourist information centre in Ramallah, the check-out person asked where I was from. On being told I came from Glasgow, he refused to accept payment, insisting my purchases were for free.



I retired from Glasgow University in 2016 but have kept up my Palestinian contacts and activities. It is a good question “What can an academic contribute to the problems of Palestine?” The best answer I can provide is to accompany and support Palestinian colleagues on their long and difficult journey.

DISTANCE LEARNING AT PALESTINIAN UNIVERSITIES IN LIGHT OF THE CORONA CRISIS

Hussein Jabareen

Palestine was one of the first Arab countries to declare a state of emergency in response to the spread of the Coronavirus and, within the framework of social distancing, worked to overcome the crisis implementing several plans within the framework of the divergence policy, including e-learning (distance learning).

This paper aims to shed light on the obstacles we faced in the experience of distance learning in Palestinian universities in light of the Corona crisis, and considers whether this experience could be developed to suit similar challenges in the future.

First: the experience of educational institutions in the light of Corona

The Palestinian Ministry of Higher Education and all Palestinian universities have activated the use of distance education technology as part of the emergency state imposed by the government due to the virus. Each university launched its own electronic platform to help students overcome the difficulties they might face in engaging with academic curricula in this way.

Each university with its specialized academic staff, educational supervisors, and IT technicians gave their colleges the freedom to activate different approaches (such as Google.meet and Zoom) in conducting interactive electronic classes including the use of other media (such as YouTube channels), to publish educational activities and lessons and the use of electronic platforms to broadcast educational lessons, publish working papers and conduct experimental exams.

Palestinian universities aimed first, to maintain academic contact and communication between students and their university, and to avoid stopping the educational process; and

second, to learn from this new experience which specific initiatives to adopt in the future if the crisis continues. This work involved few successes and many obstacles ¹.



The author, Hussein Jabareen, on Loch Lomond while a PhD student at Glasgow University

The attendance rate of university students in electronic classes has reached more than 77%, showing great engagement in a short time. ² Although an indication that there is interest in e-learning, the high attendance rate does not necessarily indicate commitment to distance education, since the electronic platforms have no way to monitor and follow up students to confirm their interest and attention, as is the case in the real classroom. If students entering these platforms are afraid of being registered as absent, and of losing their place on the course, they may register attendance and viewing without benefiting from the material presented. Professors who took it upon themselves to complete the semester through distance education did not hesitate to register students 'attendance and absence from the virtual classes, to receive assignments, and to open discussion and participation with students ³.

Teachers have noticed that many students seek the assistance of older students or graduates to do their assignments without the student benefiting from it, as they did not explain to the students all the problems and did not explain to them the method as teachers used to do in the class, not to mention that the number of interactions with students during virtual meetings was limited, and most other students were only registering their attendance without interaction ⁴.



Hebron University

A project worth mentioning is the launch by the Palestinian Ministry of Higher Education of an initiative to recruit volunteers from students in medical specialties to support efforts to confront the Coronavirus. The initiative supports the involvement of volunteers from students of recent years in the specialties of medicine, nursing and allied medical professions, working alongside medical staff in the field should the health situation in Palestine worsen due to the outbreak of the Corona virus. The initiative includes 3 main activities:

1. training students to protect themselves from the virus, applying the principles and skills of dealing with transmitted diseases.
2. providing students with protective materials, tools and medical uniforms
3. printing the protocol for dealing with the Corona virus.

The Ministry has included this initiative in its contingency plan to activate the role of higher education and its institutions in supporting the efforts of the government and the Ministry of Health to confront the outbreak of the Coronavirus. The initiative attracted the attention of UNESCO, as a way of helping to prevent the spread of the COVID-19, and has been disseminated to various countries of the world ⁵.

Palestinian universities have been praised for their quick response in efforts to maintain educational attainment during the crisis, mobilizing teachers, students and parents, but the many obstacles and a general lack of preparedness for this type of education resulted in many teething problems.

Second: the obstacles faced by students, parents and teachers

Experience has shown that some teachers and students were not prepared for distance education. Follow-up regarding lessons through e-learning programs has shown a loss of seriousness and commitment by a good number of students ⁴.

Students: Students felt the inefficiency of distance learning, the degree of their seriousness varying from one student to another. They believed that the academic burden had doubled, and that they were suffering from great psychological pressure as a result of not knowing what to do and how to study, in addition to the psychological pressure of staying at home ⁶. Different student unions requested that there should be flexibility in calculating achievement grades, so that the student has the option to calculate his grades or to count pass/fail. Experience differed from one student to another and from one educational institution to another. University students, especially at Al-Quds Open University, responded positively to the experience, while students in other traditional universities did not benefit to the same extent ².

Parents: they are not accustomed to this amount or type of self-learning inside the home, with different classes and educational stages, with the burden of educating, monitoring and keeping up with the learning of their sons and daughters lying on parents' shoulders. There were problems with internet networks not accommodating large numbers of students, teachers and workers at the same time. Even those who own computers had problems with the Internet ⁷.

Parents' abilities to help their sons and daughters differ, not only because of their limited capabilities in technology, but also because of their limited capabilities in the academic subjects themselves. There are differences in the specializations of parents, and the difference in university subjects from generation to generation, not to mention that some parents had not received more than basic education.

Parents also complain that the Internet connection is weak most of the time, which affects students' comprehension and motivation to learn, while the inability to provide electronic devices to all individuals and the inability to absorb all the lessons due to the lack of competence of teachers among parents further increased the difficulty of explaining the lessons to the children ⁶.

Teachers: The teacher's role in traditional education differs from the role in e-learning. It requires teachers to deal with modern technological means, to be able to use them well in the educational process, and to follow educational strategies that suit the e-learning environment including: cooperative learning, discussion, participatory learning, and electronic lectures, scientific presentations using multimedia software and learning by simulated role-playing games in the Web ⁸.

In the Palestinian experience, some academics summarized the obstacles they faced during the e-learning experience as follows:

1. Lack of infrastructure, as the use of this system requires the availability of devices and fast internet for teachers and students, and the need to include many amendments to their teaching for use in electronic courses.
2. The lack of specialists with sufficient experience to manage e-learning systems. There is a need for qualified staff capable of managing technical aspects consisting of educators, technology engineers, and computer program designers.
3. The inability to use this technology and learn it, especially affecting older teachers, and the need to hold training courses to deal with the new digital technology and facilitate its use.
4. Certificates obtained by the learner through e-learning are not recognized, as the Palestinian education system does not recognize e-learning.
5. The high cost of developing systems and pages for educational facilities to accommodate large numbers of students, and the difficulty of evaluating and developing standards in a record period of time in order to ensure the continuity of education in an orderly and sound manner ⁹.

Third: the future of e-learning

The experience of Palestinian Universities with distance education during corona crisis can be built on and develop as the turnout rates were very encouraging. In order to deal with the conditions of the epidemic, we need a social movement mentality, because it will be the way out and the means to organize social solidarity for a large-scale social movement, if people are able to use modern technologies well in a time of domestic isolation and social distancing ¹⁰.

It is expected that e-learning will take the place of traditional education, especially since traditional education faces many future challenges, specifically in the Palestinian case as a result of the natural development of the unbalanced demographic distribution of the population vis-à-vis the number of current schools, where e-learning is more popular, as smart technology has become one of the most important crisis management tools, with its ability to save time and effort ¹¹. According to the Palestinian Census data, more than a third of Palestinian families have a computer, and about 65% of them have access to the Internet at home other than the Internet on cell phones. And more than 80% of individuals possess basic ICT skills ¹²

Recommendations

1. Increase awareness and interest among students and teachers of the importance of e-learning in the future of education.
2. Promote e-learning programs that have been developed in educational institutions, Ministry of Higher Education, and other educational platforms and community initiatives.
3. Train parents of students in teaching, and the participation of students and families in designing learning tools and curricula ¹³.
4. Allocate a budget for developing and rehabilitating the infrastructure necessary to continue and strengthen the e-learning policy in society.
5. Work to raise teachers' efficiency in teaching skills and remote evaluation mechanisms through specialized educational courses, and invest in developers of distance learning programs.
6. Promote curriculum development and expanding the field of e-learning to include all subjects and classes.
7. Adopt this new education system as part of the Palestinian higher educational system, and since the global trend is focused on e-learning, we must seek to intensify the various institutions in the country to push towards the possibilities of continuous promotion and development in the field of e-learning for all educational levels.

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Bedouin shepherds with their flock of goats return at midday to their encampment in the Jericho valley



Andy Ferguson

Medical Aid for Palestinians (MAP) is a humanitarian and development organisation, operating in the occupied Palestinian territory and Lebanon. Its key areas of work are women and children's health; disability; mental health and psychosocial support; and emergency response, including support for limb reconstruction services in Gaza.

MAP issued the following press release on 26th August. Since then, the updated regional Covid figures (on 28th November) were :-

West Bank (including East Jerusalem) – 75,067 cases; 690 deaths

Gaza – 18,333 cases; 86 deaths

Lebanon – 123,941 cases; 980 deaths

MEDICAL AID FOR PALESTINIANS DECLARES UNPRECEDENTED HUMANITARIAN EMERGENCY ACROSS THE REGION, POSING AN EXISTENTIAL THREAT TO PALESTINIAN HEALTH

Gaza's first community COVID-19 cases are only the latest crisis in a pan-regional humanitarian emergency affecting Palestinians in the occupied Palestinian territory and Lebanon

With the discovery this week of the first community-transmitted cases of COVID-19 in Gaza, for the first time in its 35 years Medical Aid for Palestinians (MAP) is responding to a humanitarian emergency among Palestinian communities across all three areas of operation: the West Bank, Gaza and the Palestinian refugee camps of Lebanon. The agency warns that without a significant boost of international financial and diplomatic support, this multi-layered, pan-regional crisis constitutes an existential threat to the health and wellbeing of the Palestinian people.

A healthcare emergency across Gaza, the West Bank, and Lebanon

On 24 August the Ministry of Health in Gaza declared that it has discovered the first cases of COVID-19 outside of quarantine centres, with four individuals infected within the densely-populated refugee camp of Maghazi. A 48-hour curfew has been declared as local authorities scramble to identify and isolate any further cases in the community and prevent further infections. On 26 August, nine new cases were identified in Gaza as the infection continues to spread.

These cases raise fears of the “nightmare scenario” of a widespread outbreak of the disease beyond the coping capacity of Gaza’s healthcare system, long on the brink of collapse, and a society that is suffocating under illegal collective punishment in the form of Israel’s 13-year closure and blockade.

This development comes amid Israel’s closure of the Karem Abu Salem (Kerem Shalom) crossing since 11 August, suspending the import of fuel, which has caused Gaza’s only power plant to close down and left residents with as little as four hours of electricity per day. Hospitals are now heavily reliant on backup generator power to keep services running and critical patients alive. Frequent power cuts are causing damage to essential equipment such as incubators for new-born babies. There is less than one month’s supply of 45% of essential medicines and 31% of medical disposables left on shelves. With almost half of the population (46%) living below the poverty line and 68% of households food insecure, lockdown measures needed to contain the disease also threaten the welfare of many vulnerable families.

Fikr Shalltoot, MAP’s Director of Programmes in Gaza said:

“Even before this news, Gaza’s health sector was running out of basic life-saving medical supplies. Last week I received a call from the Ministry of Health warning that without an urgent shipment of surfactant – a drug for treating babies suffering breathing difficulties – the lives of tens of new-borns in neonatal intensive care units are at grave risk.”

“If we were already struggling to keep the most vulnerable people in Gaza alive, what hope do we have in the face of a COVID-19 outbreak? Gaza simply doesn’t have the resources to respond. Only through a significant injection of international support can we avert catastrophe in Gaza.”

In the occupied West Bank, Israel’s de facto annexation, settlement expansion, home demolitions and settler and military violence against Palestinians continue unabated. Palestinian communities in Area C are suffering worsening humanitarian conditions as their livelihoods, movement and access to essential resources and services are restricted. A surge in COVID-19 cases is compounding threats to health and lives, particularly in the

Hebron area that is the current epicentre of the pandemic in Palestine. More than 25,000 cases have now been reported in the West Bank including East Jerusalem, with over 500 cases being reported each day.

Meanwhile, in Lebanon, the devastating explosion in Beirut on 4 August compounded the country's severe economic and political crisis. Currency devaluation, unemployment, power cuts and food shortages disproportionately affect marginalised people including Palestinian refugee communities, driving families further into poverty and food insecurity. With several major Beirut hospitals damaged in the blast, others, including those run by MAP's partners, the Palestinian Red Crescent Society, are having to deal with increased patient load amid a chronic shortage of basic resources.

On top of this, COVID-19 is now spreading rapidly in the country. There has been a 180% increase in cases since the explosion and more cases were detected in August so far than all months combined since the pandemic began. Healthcare resources are dwindling and lives endangered, with the country reporting more than 500 new cases every day. There have been 242 COVID-19 cases and eight deaths so far among Palestinian refugees, though MAP fears the virus may soon spread rapidly amid the overcrowded and unsanitary conditions in the country's refugee camps.

Health needs threaten to outstrip available funding

Since March, MAP has been responding to the coronavirus pandemic across all areas by prioritising infection prevention and containment. MAP has provided hygiene kits to quarantined families, Personal Protective Equipment (PPE) for Palestinian health workers, and antiseptics and disinfectants to help prevent further spread of the disease. MAP is also supplying out-of-stock medicines and disposables to Gaza's hospitals, including for treatment of respiratory diseases.

In response to the Beirut explosion, MAP is supplying Palestinian Red Crescent Society hospitals with essential medical provisions including surgical, anaesthetic and X-ray supplies, lifesaving fluids and antibiotics and antiseptics/disinfectants. In Hebron, we have partnered with the Palestinian Medical Relief Society to provide a mobile clinic for marginalised communities in the Hebron area.

With Palestinian communities across the region hit by multiple simultaneous crises, demands for healthcare and other essential services threaten to rapidly outstrip what local and international organisations can provide. Despite the immediate and generous response from individual supporters and members of the public, MAP and other local and international actors are struggling to provide all that is needed. An immediate boost in humanitarian funding from states, including the UK, is needed to stop this pan-regional healthcare emergency spiralling out of control.

Funding is needed to help Palestinian communities respond to the pandemic and to provide essential medical supplies and training for other urgent and ongoing healthcare needs. A concerted multilateral diplomatic effort is also needed to address the chronic injustices of occupation, displacement, discrimination and blockade that have long undermined Palestinian health, dignity and healthcare.

MAP Director of Programmes Dr Andy Ferguson said:

“In the midst of a global pandemic, our teams and partners on the ground are also having to respond to multiple man-made crises that threaten to overwhelm Palestinian healthcare systems and to rapidly drive down health and wellbeing status of Palestinians across the region. The international community must urgently increase their aid to the Palestinian people and to humanitarian organisations responding on the ground, in order to give them a fighting chance to avert total calamity.”



PALMED UK : 2020 - AN EXCEPTIONAL YEAR

Bashier Oudeh

PaMed Europe, The Association of Palestinian Doctors in Europe, was established in 2008, and has around 850 members in 9 European countries, with offices in Gaza and the West Bank. PaMed UK is its British branch (1) with membership mainly around London, Manchester and Scotland's central belt.

PalMed has a unique connection with Scotland; the leaders of the main organisation and the UK branch are both based in Scotland.

PalMed UK has among its members medical professionals who are not doctors and although its aims as a registered charity are mainly to provide medical care to the Palestinian people (2), it also supports its members via educational programs, mentoring and help in clinical placements. In these ways it works as a 'union' along the lines of the BMA and similar organisations in Palestine.

PalMed UK has had an eventful year. In February 2020 the youth branch and affiliates arranged its annual scientific meeting in Manchester with a full program of presentations and workshops by distinguished speakers. The program announcement stated:

“You can look forward to inspiring talks from internationally renowned speakers including Sir Iain Chalmers, Dr Swee Chai Ang and Mr Nick Maynard! Our interactive workshops include expert advice on pursuing a humanitarian career, developing education programmes in Palestine, research and publication skills, suturing and more.”

The meeting was well attended and its organisers received high praise. Distinguished among them was Dr. Abdul-Rahman ElBayouk, a bright FY2 doctor in Manchester - more about him later.

With the arrival of Covid19 and the lock down, many initiatives had to be put on hold, including the Scottish Health Initiative in Palestine (SHIP), presented by PalMed UK to the Cross-Party Group on Palestine in the Scottish Parliament late in 2019, and received enthusiastically.

Most of PalMed's work in Palestine was also affected. However, many professional meetings dealing with Covid19 were conducted through Zoom (3), with other public meetings held through satellite TV channels, to help the general public in dealing with the epidemic (4).

PalMed UK managed to hold an educational course about acute medical emergencies for doctors in the West Bank (5). The course was held jointly with local doctors, was very successful and will be held on regular basis as it was oversubscribed by a huge margin.

PalMed UK produced two newsletters this year; the first (9) focused on Covid19 while the second (6) was targeted at newly qualified doctors planning to do some training in the UK. Guidance was provided by academics and consultant members of PalMed UK.

One of PalMed UK's senior members on its management board is Consultant Orthopaedic Surgeon, Mr Khalil ElBayouk, whose son Abdul-Rahman was an active member in the youth division as mentioned earlier. Unfortunately, everyone was shocked and saddened a few weeks ago when Abdul-Rahman died suddenly in a car accident (7). 26 year old Abdul-Rahman was a very active charity and community worker. He was very popular and his death was mourned by many of his young colleagues and his friends. A crowd-funding page (8) with a target of £25,000 to commemorate his name exceeded its target three times over in the first 48 hours, and at the memorial meeting by PalMed members, his father indicated the crowd funding stood at more than £120,000 and was to run until the end of November. Plans are being considered for projects in Gaza and elsewhere.

PalMed UK is due to hold its Annual General Meeting before the end of 2020, virtually. Despite the promise of a new effective vaccine, Covid19 is still with us. PalMed and its partners will continue with their efforts; if anything, with more vigour and determination.

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- (4) this is a link to one of these meetings – in Arabic - at Al-Jazira
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NOTES ABOUT CONTRIBUTORS

ABDULLA ALHASSO is a Consultant Oncologist at the Beatson West of Scotland Cancer Centre, specialising in breast and prostate cancer. He has been on two missions to Gaza organised by Medical Aid for Palestinians and has been actively involved in setting up multidisciplinary training with Gaza colleagues, including the first oncology conference.

CAESAR HAKIM is a clinical psychology and PhD graduate of the University of Haifa. Since 2014 he has been the Clinical Director of the Guidance and Training Center, Bethlehem. Since 2016 he has been an honorary lecturer at the University of Glasgow.

ANDY FERGUSON was born in Inverness, qualified from Sheffield Medical School in 1988, and has worked not only in and around Sheffield as a hospital doctor, public health specialist and GP for nearly 30 years but also in a variety of environments worldwide. For the past four years he has worked as Director of Programmes for Medical Aid for Palestinians (MAP), leading the strategic development of its health programmes, providing technical support for our regional teams in Lebanon, Gaza and the West Bank, liaising closely with the advocacy and fundraising teams and establishing/expanding a network of specialist volunteers, who now underpin many capacity building projects within the health sector in Palestine.

HUSSEIN JABAREEN obtained his PhD in Health Services Research and Development from the University of Glasgow in 2009. He is currently working as Dean of the College of Nursing and Health Sciences at Hebron University and supervising/examining master theses for students at Hebron, Al-Najah and Al-Quds Universities. He is a member of several health/development committees at national and international level and coordinates academic cooperation projects, with research interests in change management, administrative reform, public health and health system administration, community institutions improvement and social equity.

MHOIRA LENG is a specialist palliative care physician currently holding two roles as Head of Palliative Care in Makerere University, Uganda, and Medical Director of Cairdeas International Palliative Care Trust, Scotland. Trained as a doctor at Aberdeen University, Scotland, Dr. Leng then specialized in Palliative Medicine. She took up a senior consultant and honorary senior lecturer position at Aberdeen University for 10 years leading developments in the northeast of Scotland. Since 1998, she has travelled to Eastern Europe, and travelled extensively within India as well as Africa, leaving the NHS in 2005 to allow her to work full time in international settings. In 2008, Makerere University invited her to develop an academic unit for palliative care in the university and the national referral hospital to act as a centre of excellence for research, training and clinical services, and to build capacity for Ugandan and African clinical leadership. Dr. Leng continues to work in India for two months every year. She is also Medical Director (and founder) of [Cairdeas](#)

[International Palliative Care Trust](#), which is a Scottish registered charitable trust whose vision is to facilitate the growth of palliative care in the developing world by supporting education and training.

HAMISH MCLEOD is Professor of Clinical Psychology and Honorary Consultant Clinical Psychologist with NHS GG&C Rehabilitation Services at Gartnavel Royal Hospital. Through his role as the Programme Director for the Doctorate in Clinical Psychology he coordinates work focused on applied psychology workforce development and improvement, both in the UK and internationally. Since 2015 he has been part of the collaboration between colleagues in Glasgow and Bethlehem developing a Programme of training in clinical psychology with a focus on children.

BASHIER OUDEH was born in Qalqilia, grew up in Jerusalem, and studied medicine in Cairo. He started working in the UK in 1975, his medical career included working in Obstetrics and Gynaecology for many years, before moving to General Practice. He retired in 2015. He has been involved in voluntary organisations for three decades and has established and chaired a few organisations, including the first Scottish Palestinian Society in 2014 as well as other organisations that serve the Arab communities, ethnic groups, and refugees. He is a board member of the UK branch of PalMed Europe; an organisation with branches in eleven European countries and over 850 members from the medical profession.

IHAB SALEH qualified in medicine at the Islamic University of Gaza before working for two years as Medical Coordinator at Medicos del Mundo (Doctors of the World - Spain), organising medical missions, projects and conferences with local and expatriate surgical teams. Two recent projects funded by OCHA and ECHO delivered limb reconstruction procedures for injuries sustained during the Great March of Return. Core tasks included liaison with stakeholders including the Ministry of Health oPT, WHO, Health Cluster and partner NGOs. He also managed software for the management and coordination of fundraising. He is currently studying for a MSc in Global Health at the University of Glasgow, funded by a Chevening Scholarship from the British Government.

GRAHAM WATT is a retired professor in general practice, epidemiologist and consultant in public health at the University of Glasgow, whose Palestinian connections began in 1998 with teaching visits to the Institute of Community and Public Health at Birzeit University. From 2006-15, and again since 2017, he has been the “Scottish Trustee” on the Board of Medical Aid for Palestinians (MAP). Since 2010 he has chaired the steering group and has been a member of the Executive Group of the Lancet Palestinian Health Alliance (LPHA).

ABOUT THE SCOTTISH PALESTINIAN HEALTH FACULTY

The SPHF is not a formal organisation, but an informal network of colleagues willing to share their experiences, information and news, including :-

- Palestinian health professionals and health researchers who have trained or studied in Scotland
- Palestinian health professionals and health researchers currently working and living in Scotland
- Scottish health professionals and health researchers, at home or abroad, with links and activities in Palestine

The terms “Scottish” and “Palestinian” are considered broadly in terms of having family or residential connections with either Scotland or Palestinian communities in the OPT (the State of Palestine), Lebanon or elsewhere. Our aims are :-

- To promote Scottish Palestinian health collaboration
- To support the development of health and health care in Palestine

which we hope to achieve by :-

- connecting Scottish and Palestinian colleagues working in the health field
- sharing experience, information, evidence, views and plans
- developing new activities involving Scottish Palestinian health collaboration
- supporting Palestinian health professionals and researchers visiting Scotland
- raising the profile and impact of Scottish Palestinian health collaboration

Apart from the above aims, the SPHF does not have a representative function or collective view. The views expressed in this newsletter are those of individual contributors.

SCOTTISH PALESTINIAN HEALTH FACULTY



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